MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08920

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) Stillborn

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Fruitland

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Male Adams

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	

6 (b) Name of husband or wife Mrs Ella Bell Adams

6(c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) August 14 1940

8. AGE: Years Months Days If less than one day ____ hrs. ____ min.

Stillborn

9. Birthplace Salisbury, Wicomico, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Fitzhugh Lee Adams

13. Birthplace Westover Md

MOTHER 14. Maiden name Ella Bell Tinker

15. Birthplace Mt. Vernon Md

16. Informant Mrs. Ella Bell Adams

Address Fruitland Md

17. Destroyed Date thereof 8-15-40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory P. L. Hospital

Location Salisbury, Md.,

18. Funeral director Supt. Gen. Hospital

Address Salisbury, Md.,

19. 8/16 1940 Harriet E. Johnson Local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14th 1940, at 11:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/14 1940, to 8/14 1940, and that I last saw h[illegible] alive on 8/14 1940.

Immediate cause of death	DURATION
Stillborn infant	6 mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Elsie T. Tinker M.D.

M. D. or other

Address Salisbury Md Date signed 8/16/40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93-L)

08921

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred: 210 Lake St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1123 E. Pratt St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Samuel Allen

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	a.a.	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 70	-	-	..... hrs. ..... min.

9. Birthplace: Unknown (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER — 12. Name: Unknown

13. Birthplace: Unknown

MOTHER — 14. Maiden name: Unknown

15. Birthplace: Unknown

16. Informant: Ella Robinson

Address: Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 15 1940 (month) (day) (year)

Cemetery or crematory: Public

Location: Salisbury Md

18. Funeral director: Dan T. Stewart

Address: Salisbury, Md.

19. 8/16 1940 (Date rec'd by registrar) Martin E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 11th 1940, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/11 1940, to 8/11 1940

and that I last saw h[illegible] on 8/11 1940

Immediate cause of death: Chronic Hypocsidatis [illegible] duration: 3

[illegible] Arterial sclerosis, C.V.D.

Due to: Senility

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations:

Date of op.:

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Edna Fisher R.N. M. D. or other

Address: Salisbury Md Date signed 8/11/40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08922

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore TB Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 2 mo 19 d.

Stay in this community (yrs., or mos., or days): 2 mo 19 d.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: Crasonville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Luther T. Beecher

3. (b) Social Security Number: none

4. Sex: male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): April 15, 1875

8. AGE: Years: 65 Months: 4 Days: 7 If less than one day: hrs. min.

9. Birthplace: Crasonville Maryland
(Town, county, and state)

10. Usual occupation: waterman

11. Industry or business: —

FATHER

12. Name: James Beecher

13. Birthplace: Crasonville Maryland

MOTHER

14. Maiden name: Louise Collier

15. Birthplace: Crasonville Maryland

16. Informant: deceased (on admission)

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 24-40 (month) (day) (year)

Cemetery or crematory: Crasonville Md

Location: Crasonville Md

18. Funeral director: Burton Bros

Address: Centreville Md

19. 8/23 (Date rec'd by registrar) 19 40 Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 22 19 40, at 7.10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/3/40 19 —, to 8/22/40 19 —, and that I last saw h— alive on 8/22/40 19 —.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 6 mo

Due to: —

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Paul Chew M.D.
M. D. or other

Address: Salisbury Md Date signed: 8/23/40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

08923

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wicomico.

City or town Near Powellville Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Nr. Powellville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME David Kenzer Bradford.

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed.

6.(b) Name of husband or wife Della Bradford.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 4 1866

8. AGE: Years 74 | Months 3 | Days 13 | If less than one day ..... hrs. ..... min.

9. Birthplace Newark Worcester Md.
(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER 12. Name John Bradford.

13. Birthplace Newark Md.

MOTHER 14. Maiden name Sallie Smack.

15. Birthplace Newark. Md.

16. Informant Mrs Lizzie Bradford.

Address Willards. Md.

17. Burial Date thereof Aug 19 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Perdue Cemetery.

Location Near Powellsville Md.

18. Funeral director Wm. Howard Wells.

Address Pittsville, Md.

19. Aug. 19 1940 Lillian L. Davis Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17th 1940 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1940, to Aug 17 1940

and that I last saw him alive on Aug 17th 1940

Immediate cause of death Intestinal Hemorrhage — DURATION 2 yrs

Due to

Due to

Other conditions Arteriosclerosis — 2 Months

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H Brown M.D.
M. D. or other

Address Salisbury Md Date signed 8/17/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

08924

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day

Hospital, institution, or street address where death occurred: Peninsula General Hospital

How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

Street No. 775 Newton St.
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Sarah Elizabeth Brueckmann

3. (b) Social Security Number ✓

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife ✓

6.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1940

8. AGE: Years | Months | Days | If less than one day 10 hrs. min.

9. Birthplace Salisbury, Wicomico, Md.
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Frederick W. Brueckmann
13. Birthplace Baltimore City, Md.

MOTHER
14. Maiden name Elizabeth G. Phillips
15. Birthplace Preston, Caroline, Md.

16. Informant Frederick W. Brueckmann,
Address 775 Newton St., Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/4/40 (month) (day) (year)

Cemetery or crematory

Location East New Market, Md.

18. Funeral director The Hill & Johnson Co.,
Address Salisbury, Md.

19. 8/4/40 Burial (Date rec'd by registrar) 1940 Harriet E. Johnson Secy. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 3, 1940, at 7.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 3 1940, to Aug 3 1940 and that I last saw her alive on Aug 3 1940

Immediate cause of death: Premature Birth — DURATION: Not

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Salisbury Date signed 8/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

CERTIFICATE OF DEATH

08925

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days): no

Stay in this community (yrs., or mos., or days): 8 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Wicomico

City or town: Salisbury Md R.F.D. c Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: no

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Ellis Burk

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a-a.	Single

8 (b) Name of husband or wife: no

6(c) If alive, give age: no years

7. Birth date of deceased (mo., day, yr.): Dec 5-th 1929

8. AGE: Years	Months	Days	If less than one day
10	8	15	____ hrs. ____ min.

9. Birthplace: North Carolina (Town, county, and state)

10. Usual occupation: Schoolboy

11. Industry or business: no

FATHER

12. Name: Wm Burk

13. Birthplace: Virginia

MOTHER

14. Maiden name: Elizabeth Wilkins

15. Birthplace: Washington D.C.

16. Informant: Elizabeth Burk

Address: Salisbury md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 22-1940 (month) (day) (year)

Cemetery or crematory: Union

Location: Dellman and Side

18. Funeral director: James F. Stewart

Address: Salisbury Md

19. 8/22, 1940 (Date rec'd by registrar) Harriet E. Johnson (Registrar) Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 20 1940, at 11a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 19 1940, to Aug 20 1940, and that I last saw him alive on August 20 1940

Immediate cause of death	DURATION
Rupture of appendix	5 Days
Due to	
Due to	
Other conditions: Peritonitis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. A. D. Browne M.D.

M. D. or other

Address: Salisbury, Md. Date signed: 8/20/40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (No-C)

CERTIFICATE OF DEATH

08926

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 415

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula Gen'l Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days) 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Pittsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Collins

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8-11-1940

8. AGE: Years	Months	Days	If less than one day
1 day			hrs. min.

9. Birthplace Pen-Gen Hospital Salisbury Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Mr Edward Collins

13. Birthplace Gumboro, Del

MOTHER 14. Maiden name Mrs Nettie Stockley

15. Birthplace Pittsville, Md

16. Informant Mrs Rod Mills

Address Frankford, Del

17. Burial Date thereof 8/13/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bethel Md Aug 13-1940

Location Near Pittsville Md

18. Funeral director John W Burbage

Address Berlin Md

19. 8/13 1940 Harry E Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 12 1940, at 11:25 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 11 1940, to Aug 12 1940, and that I last saw h[illegible] alive on Aug 11 1940.

Immediate cause of death difficult labor — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE G. W. Wood M. D. or other

Address Millsboro, Del. Date signed Aug 19

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14)

CERTIFICATE OF DEATH

08927

Reg. Dist. No. 333

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Wicomico
City or town Fruitland Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mes., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wicomico
City or town Fruitland md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. no
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Alonzo Dawning

3. (b) Social Security Number 218-07-0359

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a.a.	married

6 (b) Name of husband or wife Rhelma A Dawning
6(c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) June 1 1905

8. AGE: Years 35 Months 1 Days 7 If less than one day ____ hrs. ____ min.

9. Birthplace Fruitland md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business no

FATHER
12. Name Thomas Dawning
13. Birthplace Pocomoke md

MOTHER
14. Maiden name
15. Birthplace Pocomoke md

16. Informant Mrs Thomas Dawning
Address Fruitland md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/10/40 (month) (day) (year)
Cemetery or crematory Mt Calvery
Location Fruitland md

18. Funeral director James F Stewart
Address Salisbury md

19. 8/10 1940 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7 1940, at 9 5/6 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from dead 1940, to ____ 19____, and that I last saw h[illegible] alive on ____ 19____. Death was caused by the following conditions, to the best of my knowledge and belief:

Immediate cause of death	DURATION
Compound fracture of skull	10 min
Due to	
Due to	
Other conditions Laceration of brain	10 mins

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 8-7-40
Where did injury occur? Fruitland (City or town) Wicomico (County) md. (State)
Injured at home, farm, industry, public place (where?) Public highway
Means of injury struck by train while riding bicycle Injured at work? No

23. SIGNATURE J A Lademaker M D
Deputy medical Examiner M. D. or other
Address Salisbury, Md Date signed 8-7-40

RECEIVED
SEP 6 1940
BUREAU, V. S.

08928

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

Now long in above place of death?

Hospital, institution, or street address where death occurred: Peninsula General Hospital

How long in hospital or institution? 7 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Girdletree
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war No

3.(a) FULL NAME Charles Edward Dukes

3.(b) Social Security Number None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Bessie M. Dukes

6.(c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.): March 4 – 1880

8. AGE: Years 60 | Months 5 | Days 9 | If less than one day ... hrs. ... min.

9. Birthplace: Girdletree Worcester Md
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Own Farm

FATHER
12. Name: Frederick J. Dukes
13. Birthplace: Maryland

MOTHER
14. Maiden name: Martha K. Jones
15. Birthplace: Maryland

16. Informant: Mrs Bessie M. Dukes
Address: Girdletree Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 15/40 (month) (day) (year)

Cemetery or crematory: Spring Hill

Location: Girdletree

18. Funeral director: Hearne + Dennis

Address: Snow Hill Md

19. 8/15 1940 Harriet E. Johnson Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 12 1940 at 11.55 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 5 1940 to Aug 12 1940 and that I last saw him alive on Aug 12 1940

Immediate cause of death: Chr. Myocarditis — DURATION 4
Myocardial Failure — 2

Due to

Due to

Other conditions: Hyper hybrid Prostatic
(Include pregnancy within 3 months of death)

Major findings of operations: Prostatic Hyperplasia Date of op. 8/12/40

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Salisbury Date signed 8/13/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 8 1948
HAWAII V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08929

Reg. Dist. No. 333

VS A15

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Wicomico

City or town: Eastern Shore TB Sanatorium (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Salisbury Md.

Stay in hospital or inst. (yrs., or mos., or days): 6 mo 14 d.

Stay in this community (yrs., or mos., or days): 6 mo 14 d.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Broadway
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Earley Mary Elz.

3. (b) Social Security Number: 213-12-5789

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife: none

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Jan 31, 1914

8. AGE:

Years	Months	Days	If less than one day
26	6	1	____ hrs. ____ min.

9. Birthplace: Crisfield Somerset Co Md
(Town, county, and state)

10. Usual occupation: waitress

11. Industry or business: —

FATHER — 12. Name: Lionel Hastings

FATHER — 13. Birthplace: Crisfield Md

MOTHER — 14. Maiden name: Pearl Earley

MOTHER — 15. Birthplace: Crisfield Md

16. Informant: deceased on admission

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 4 1940 (month) (day) (year)

Cemetery or crematory: Crisfield Cem.

Location: Crisfield Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. 8/3, 1940 (Date rec'd by registrar) Harriet E. Johnson, Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 2 1940, at 6:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/18/40 19____, to 8/2/40 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 15 mo

Due to: ____

Due to: ____

Other conditions: ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ____

Of autopsy: ____

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work?

23. SIGNATURE: Paul Green, M. D. or other

Address: Salisbury Md Date signed: 8/2/40

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SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

08930

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Dallas Apts. (Bond st.)

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 16 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Dallas Apts (Bond st)
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Wesley Gordy

3. (b) Social Security Number 214-10-9252

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Minnie Culver Gordy

6(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.): March 6 - 1892

8. AGE: Years 48 | Months 5 | Days 23 | If less than one day ___ hrs. ___ min.

9. Birthplace: Worcester Co. Maryland
(Town, county, and state)

10. Usual occupation: Buck Mason

11. Industry or business

FATHER
12. Name: James W. Gordy
13. Birthplace: Worcester Co. Maryland

MOTHER
14. Maiden name: Eva Rowe Pusey
15. Birthplace: Worcester Co. Maryland

16. Informant: Mrs. Minnie Culver Gordy
Address: (Dallas Apts) Bond st. Salisbury Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Aug. 31 - 1948
(month) (day) (year)

Cemetery or crematory: Parsons Ann.

Location: Salisbury Md.

18. Funeral director: Holloway & Co. Walter R. Holloway

Address: Salisbury Maryland.

19. 8/31, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 29th 1940 (10a M)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 29 1940, to Aug 29 1940 and that I last saw him alive on Aug 29 1940

Immediate cause of death: Coronary thrombosis

DURATION: 1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Wimmer M.D.
M. D. or other

Address Salisbury Date signed Aug 30

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (179-C)

CERTIFICATE OF DEATH

08931

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Somerset

City or town: East Princess Ann Ward No.: none
(If outside city or town limits, write RURAL NEAR and give town)

Street No.:
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: James William Hedges

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 20, 1911

8. AGE: Years	Months	Days	If less than one day
29	5	4	hrs. min.

9. Birthplace: Cedar Co. Stockton, Mo.
(Town, county, and state)

10. Usual occupation: Farmer, National Guards

11. Industry or business:

FATHER — 12. Name: John A. Hedges

13. Birthplace: Cedar Co. Stockton, Mo.

MOTHER — 14. Maiden name: Margaret E. Millhorn

15. Birthplace: Cedar Co. Stockton, Mo.

18. Informant: Margaret Hedges

Address: Princess Anne, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 27, 1940 (month) (day) (year)

Cemetery or crematory: Episcopal Cemetery

Location: Princess Anne, Md.

18. Funeral director: Dale Hashiell

Address: Princess Anne, Md.

19. 8/26, 1940 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 25, 1940, at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~June~~ Aug 1940, to 1940, and that I last saw ~~him~~ her alive on Aug 25 1940.

Immediate cause of death	DURATION
Fractured skull	15 min.
Due to: Compound fracture & lacerations of Rt leg & thigh	15 min.
Due to:	
Other conditions: Lacerations about Face	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: 8/25/40

Where did injury occur? Princess Anne (City or town) Somerset (County) Md. (State)

Injured at home, farm, industry, public place (where?): Highway

Means of injury: Riding motorcycle collided with bus Injured at work? No

23. SIGNATURE: Lawrence Lankford M.D. Deputy Medical Examiner
M. D. or other

Address: Salisbury, Md. Date signed: 8/26/40

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SEP 6 1940
BUREAU V. S.

08932

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P.G. Hospt.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 224. Winder st.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Blanche E. Jenkins

3. (b) Social Security Number None

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Franklin Jenkins
6(c) If alive, give age 37 years
7. Birth date of deceased (mo., day, yr.) June 15. 1903
8. AGE: Years 37 Months 1 Days 22 If less than one day ___ hrs. ___ min.
9. Birthplace Shad Point Md. (Town, county, and state)
10. Usual occupation House wife
11. Industry or business at Home
FATHER
12. Name Littleton Townsend
13. Birthplace Shad Point Md.
MOTHER
14. Maiden name Ida Belle Malone
15. Birthplace Siloam Md.
16. Informant Franklin Jenkins
Address 224. Winder st. Salisbury Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 9-1940 (month) (day) (year)
Cemetery or crematory Parsons Cemetery
Location Salisbury Md.
18. Funeral director Holloway & Co. / Walter R. Holloway
Address Salisbury Md.
19. 8/9 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 7-1940 (3 a.m.)
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-2 1940, to 8-7 1940, and that I last saw her alive on 8-6 1940.
Immediate cause of death Pulmonary embolism
Due to Chronic appendicitis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Chronic appendicitis
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Philip A. Insley Jr. M.D. or other
Address Salisbury, Md Date signed 8-8-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (104b)

CERTIFICATE OF DEATH

08933

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula Gen. Hosp.
Stay in hospital or inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Delaware County Sussex
City or town Delmar, Del Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Lincoln avenue
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Lois Anne Johnson

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 12 1926
8. AGE: Years 14 Months 0 Days 4 If less than one day hrs. min.
9. Birthplace Endicott, N.Y. (Town, county, and state)
10. Usual occupation School
11. Industry or business
FATHER 12. Name Newell Johnson
13. Birthplace Corning, N.Y.
MOTHER 14. Maiden name Agnes S. Pond
15. Birthplace Jatesboro, Pa
16. Informant Newell Johnson
Address Delmar, Del
17. Burial (Burial, ~~cremation, or removal, which?~~) Date thereof Aug 18-40 (month) (day) (year)
Cemetery ~~or crematory~~ M. P. Cemetery
Location Delmar, Del
18. Funeral director Will S. Murrel
Address Delmar, Del.
19. 8/18, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 16 1940, at 5A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 15 1940, to Aug 16 1940, and that I last saw her alive on Aug 16 1940.

Immediate cause of death	DURATION
General Sepsis	1 days
Due to Cavernous Thrombosis	2 "
Due to Boil on nose	1 "
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. E. Leates M. D. or ~~other~~
Address Delmar Del. Date signed 8/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08934

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days): no

Stay in this community (yrs., or mos., or days): Two years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Wicomico

City or town: Salisbury Church St Ward No. 510

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 510 Church St

(If rural give LOCATION)

2(o) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Rebecca Johnson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	a g	married

6 (b) Name of husband or wife: James Johnson

about 8(c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): Dec 25 1888

8. AGE: Years	Months	Days	If less than one day
53	7	16	hrs. min.

9. Birthplace: Norfolk Va (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Abram Holmes

13. Birthplace: Suffolk Va

MOTHER 14. Maiden name: Mary E. Warren

15. Birthplace: Norfolk Va

16. Informant: Mary Evans

Address: Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/13/40 (month) (day) (year)

Cemetery or crematory: Calvary

Location: Norfolk Va

18. Funeral director: James F. Stewart

Address: Salisbury Md

19. 8/12 1940 (Date rec'd by registrar) Carrie E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 10, 1940, at 5:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 4, 1940, to Aug 10, 1940, and that I last saw her alive on Aug 10, 1940

Immediate cause of death	DURATION
Apoplexy Cerebral	6 days
Due to Hypertension	Unknown
Due to Chronic Myocarditis	Unknown
Duration: Unknown to Coroner	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: G. H. Lembley M.D. M. D. or other

Address: Salisbury Md Date signed 8/10/40

RECEIVED
AUG 17 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08935

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (83-a)

County Wicomico Registration Dist. No. 337

Village or City Jesterville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lesper Jones If U. S. Veteran, specify WAR

(a) Residence: No. Jesterville St., Ward. no social security no.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	C	widow

5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 5 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	10	23	

OCCUPATION

8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Homework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased lest worked et this occupation (month end year) June 1940

11. Total time (yaars) spent in this occupation

12. BIRTHPLACE (city or town) Quantico (State or country) Md

FATHER

13. NAME Levin Fosler

14. BIRTHPLACE (city or town) Quantico (State or country) Md

MOTHER

15. MAIDEN NAME Eliza Dashiell

16. BIRTHPLACE (city or town) Quantico (Stata or country) Md

17. INFORMANT Norman Jones (Address) Jesterville Md

18. BURIAL, CREMATION, OR REMOVAL Place Jesterville Date Sept 1, 1940

19. UNDERTAKER Mrs. L. E. Messick & Sons (Address) Delmar Md

20. FILED Aug 31, 1940 W. Woolford Wallace Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 28 (Month) (Day) 1940 (Yaar)

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1940, to Aug 28, 1940

t last saw h alive on Aug 25, 1940; death is said to have occurred on the date statad ebova, at 8.20 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:

	Date of onset
Cerebral hemorrhage	Aug 18

Dther Contribntory Causes of importance:

Name of operation Date of

Whet test confirmed diagnosis? Wes there an autopsy? no

23. If death was dua to extarnal causes (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city nr tnwn, cnunty and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way relatad to occupation of deceased? no

If so, specify

(Signed) J. Rogers M. D.

(Address) Bishopsville Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (50)

08936

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R.D. #4.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 71 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. RD #4.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edith C. Keene

3. (b) Social Security Number

4. Sex: female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John W. Keene
6(c) If alive, give age: Dead years
7. Birth date of deceased (mo., day, yr.): Nov. 16-1868
8. AGE: Years 71 | Months 8 | Days 4 | If less than one day ___ hrs. ___ min.
9. Birthplace: RD #4. Salisbury Md (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: at Home
FATHER
12. Name: George W. Layfield
13. Birthplace: Wi Co. Co. Near Salisbury Md
MOTHER
14. Maiden name: Maria J. Hastings
15. Birthplace: Wi Co. Co. Near Salisbury Md
16. Informant: Mr. Clarence J. Layfield
Address: 444 Jefferson ave. Scranton Pa.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 14-40 (month) (day) (year)
Cemetery or crematory: Parsons Cem.
Location: Salisbury Md.
18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Md.
19. 8/14 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 12-1940 (1.40 a.m.)
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1 1939, to Aug 12 1940, and that I last saw her alive on August 12 1940.
Immediate cause of death: Mitral Stenosis — DURATION 1939
Due to Carcinoma stomach — 1939
Due to
Other conditions
(Include pregnancy within 6 months of death)
Major findings:
Of operations: Operated for Carcinoma breast 11 years ago.
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Charles F. Brown M.D. M. D. or other
Address Salisbury Md Date signed 8/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (168)

08937

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula G Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) no

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md S. C. County Wicomico ✓

City or town Salisbury Md Charleston Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Peninsula G Hospital 109 Hanover St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Dont know

3. (a) FULL NAME Mackey King

3. (b) Social Security Number Dont know

4. Sex: male

5. Color or race: a a

6. (a) Single, married, widowed, or divorced: Dont know

6 (b) Name of husband or wife no

B(c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) about 1913

8. AGE: Years: about 27 | Months: — | Days: — | If less than one day: hrs. min.

9. Birthplace (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business no

FATHER 12. Name unknown

13. Birthplace unknown

MOTHER 14. Maiden name unknown

15. Birthplace unknown

16. Informant Peninsula Hospital

Address Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 10, 1940 (month) (day) (year)

Cemetery or crematory Public

Location Salisbury Md

18. Funeral director James H. Stewart

Address Salisbury Md

19. 8/10, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8 1940, at 9:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical examiner, to certificate 19

and that I last saw h alive on 19

Immediate cause of death

1. Fractured Skull — DURATION 1 hr

~~Due to~~ 2. Intrapleural hemorrhage due to lacerated lung — 1 hr

~~Due to~~ 3. Intraabdominal hemorrhage due to Ruptured Liver — 1 hr

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy as above — see medical examiner's report

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide homicide + accident Date of Aug 8, 1940

Where did injury occur? Berlin (City or town) Worcester (County) Md (State)

Injured at home, farm, industry, public place (where?) Public highway

Means of injury struck over head and knocked into path of automobile Injured at work? No

23. SIGNATURE J. A. Rodemaker M.D. Deputy Medical Examiner M. D. or other

Address Salisbury, Md Date signed 8-10-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (56-E)

08938

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula General Hospital
Stay in hospital or inst. (yrs., or mos., or days) 6 days
Stay in this community (yrs., or mos., or days) "

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Md. County Worcester
City or town Bishop (If outside city or town limits, write RURAL NEAR and give town) Ward No.
Street No. R.F.D. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Kitchens

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Fred Kitchens
6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Feb. 15 1877

8. AGE: Years 63 | Months 6 | Days 28 | If less than one day ____ hrs. ____ min.

9. Birthplace Unknown (Town, county, and state)
10. Usual occupation Housework
11. Industry or business Home
FATHER 12. Name Sam Baker
FATHER 13. Birthplace Unknown
MOTHER 14. Maiden name Matilda Emma
MOTHER 15. Birthplace
16. Informant Fred Kitchens
Address Bishop, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/16/40 (month) (day) (year)
Cemetery or crematory Odd Fellows Cem
Location Bishopville, Md.
18. Funeral director Mrs. Asha Watson
Address Delmarville, Del
19. 8/12 1940 Clarence E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 12 1940, at 7P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 6 1940, to Aug 12 1940, and that I last saw h-- alive on Aug 12 1940.

	DURATION
Immediate cause of death Acute Myocardial Infarction.	Unk
Due to Chr. Myocarditis	Unk
Due to	
Other conditions Uterine Fibroid	Yrs

(Include pregnancy within 3 months of death)

Major findings: Of operations Uterine Fibroid

Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide NC Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. M. Neal M. D. or other
Address Salisbury Date signed 8/16/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

CERTIFICATE OF DEATH

08939

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 10 days

Stay in this community (yrs., or mos., or days) 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Fruitland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ~
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Evelyn Lucas

3. (b) Social Security Number 220-10-8291 Lost

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	a a	single

6 (b) Name of husband or wife No

6(c) If alive, give age No years

7. Birth date of deceased (mo., day, yr.) 1-25-'25

8. AGE: Years	Months	Days	If less than one day
15	6	16	____ hrs. ____ min.

9. Birthplace Mappsville Accomac Co, Va
(Town, county, and state)

10. Usual occupation School girl

11. Industry or business

FATHER 12. Name Clarence Lucas

FATHER 13. Birthplace Mappsville Virginia

MOTHER 14. Maiden name Nancy Ellen Armwood

MOTHER 15. Birthplace Princess Anne, Md.

16. Informant Mrs. Catherine Waters

Address Fruitland, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-13-40 (month) (day) (year)

Cemetery or crematory Oaksville

Location Oaksville Somerset Co, Md.

18. Funeral director James F. Stewart

Address 402 E. Church St. Salisbury Md.

19. 8/12, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-11 1940, at 1:40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-30 1940, to 8-11 1940, and that I last saw her alive on 8-10-40 19____.

	DURATION
Immediate cause of death Generalized Peritonitis	
Due to Acute Appendicitis	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Philip A. Insley M. D. or other

Address Salisbury Md Date signed 8-11-40

RECEIVED
AUG 17 1940
BUREAU OF A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

08940

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico Co
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P.H. Hospt.
Stay in hospital or Inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico Co
City or town: 303 Preston ave. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Salisbury Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Walter J. Meiner
3. (b) Social Security Number: 220-01-9053

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

8 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 27-1919

8. AGE: Years	Months	Days	If less than one day
20	8	2	hrs. min.

9. Birthplace: Salisbury Md (Town, county, and state)
10. Usual occupation: Shipping Clerk
11. Industry or business: Wholesale Beer Distributors
12. FATHER Name: Walter B. Meiner
13. FATHER Birthplace: Cambridge Md
14. MOTHER Maiden name: Myrtle J. Passwaters
15. MOTHER Birthplace: Salisbury Md.
16. Informant: Mrs. Myrtle J. Meiner
Address: 303 Preston Ave. Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 1, 1940 (month) (day) (year)
Cemetery or crematory: Parsons Cem.
Location: Salisbury Md.
18. Funeral director: Wilson & C. Walter R. Holloway
Address: Salisbury Md.
19. 9/1 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 29th 1940 (3 P M)
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 19 to Aug. 29 1940, and that I last saw him alive on Aug. 29 1940.

	DURATION
Immediate cause of death: Concussion of brain.	28 hrs
Due to: Compound Fracture Rt femur	
Due to: Fractured mandible	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 8-29-40
Where did injury occur? Loretta (City or town) Somerset (County) Md (State)
Injured at home, farm, industry, public place (where?): Public highway
Means of injury: car & truck collision Injured at work? No
Fisher Auto Co. Fisher Radiator Co.

23. SIGNATURE: Deputy Medical Examiner
M. D. or other
Address: Salisbury Md Date signed: 8-31-40

RECEIVED
SEP 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08941

1. PLACE OF DEATH (93d)

County Wicomico Registration Dist. No.

Village or City Bivalve Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME H. Warren Messick If U. S. Veteran, specify WAR

(a) Residence: No. Bivalve, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sopronia Messick

6. DATE OF BIRTH (month, day, and year): Nov. 2 / 1871

7. AGE: Years 69 | Months 9 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Oysterman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): Sept 1938

11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Bivalve Md

FATHER

13. NAME: Samuel W. Messick

14. BIRTHPLACE (city or town) (State or country): Tyaskin Md

MOTHER

15. MAIDEN NAME: Martha A. Barkley

16. BIRTHPLACE (city or town) (State or country): Nanticoke Md

17. INFORMANT (Address): Mrs Sopronia Messick Bivalve Md

18. BURIAL, CREMATION, OR REMOVAL

Place Bivalve Md Date Aug 31, 1940

19. UNDERTAKER (Address): Mrs C E Messick & Sons Bivalve, Md.

20. FILED Sep 4, 1940 R. Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 29 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 20th, 1940, to August 28th, 1940

I last saw him alive on August 28th, 1940; death is said to have occurred on the date stated above, at 5-15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arteriosclerosis	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Emrich M. D.

(Address) Helen - Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED OCT 7 1927 BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94-a) CB

08942

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware County Sussex

City or town Bridgeville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R F D

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lena May Messick

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced widow

6 (b) Name of husband or wife S H Messick

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 24 1866

8. AGE: Years 74 Months 4 Days 13 If less than one day ____ hrs. ____ min.

9. Birthplace Bearbour Michigan (Town, county, and state)

10. Usual occupation Home maker

11. Industry or business

FATHER 12. Name John Sines

13. Birthplace Michigan

MOTHER 14. Maiden name Mary ~~Sines~~ Moon

15. Birthplace Michigan

16. Informant Mrs Eliza M Stephenson

Address Asbury Park N J

17. Burial Bridgeville (Burial, cremation, or removal. Which?) Date thereof Aug 10 1940 (month) (day) (year)

Cemetery or crematory Bridgeville Del

Location Bridgeville Del

18. Funeral director H E Hardesty

Address Bridgeville Del

19. 8/9 1940 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 August 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1940, to 7 August 1940, and that I last saw her alive on 7 August 1940.

Immediate cause of death Coronary sclerosis due to Arteriosclerosis

DURATION several months several years.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A W Kerr, M.D. M. D. or other

Address Salisbury, Md. Date signed 8-9-40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08943

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore TB Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 1 yr 22 days

Stay in this community (yrs., or mos., or days) " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Finchville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Catherine Moore

3. (b) Social Security Number ~~unknown~~ 216-10-5946

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Wm F. Moore

6(c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) May 22, 1902

8. AGE:

Years	Months	Days	If less than one day
28	3 x	~~2~~ 1	____ hrs. ____ min.

9. Birthplace Salisbury Maryland
(Town, county, and state)

10. Usual occupation factory hand

11. Industry or business button factory

FATHER 12. Name James Davis

13. Birthplace Berlin Maryland

MOTHER 14. Maiden name Bertie Hastings

15. Birthplace Berlin Maryland

16. Informant deceased on admission
Address

17. Burial Date thereof 8/26/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Odd Fellows

Location Seaford, Del.

18. Funeral director M. B. Watson

Address Seaford, Del.

19. 8/23, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23 1940, at 2.25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 31 1940, to Aug 23 1940, and that I last saw h 22 alive on August 23 1940.

Immediate cause of death Pulmonary Tuberculosis — DURATION 15 mo

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Paul Chen M. D.
M. D. or other

Address Salisbury Date signed 8/23/40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08944

46-E

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Blunden ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 24 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 226 Blunden ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Albert Thomas Parker

3. (b) Social Security Number 220-10-9607

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Minnie Ellen Parker
6(c) If alive, give age 61 years
7. Birth date of deceased (mo., day, yr.) July 22 - 1885

8. AGE: Years 55 | Months 1 | Days 1 | If less than one day ___ hrs. ___ min.

9. Birthplace near Parsonsburg Md (Town, county, and state)
10. Usual occupation Carpenter
11. Industry or business

FATHER
12. Name Isaac Wm Parker
13. Birthplace Wango Md

MOTHER
14. Maiden name Sarah Ann Parsons
15. Birthplace Near Parsonsburg Md.

16. Informant Mrs Minnie E. Parker
Address 226 Blunden ave. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 25-1940 (month) (day) (year)
Cemetery or crematory M.E. Church Cem.
Location Parsonsburg Maryland.

18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md

19. 8/25 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 23rd 1940 (215a M)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1st 1940, to Aug 23 1940, and that I last saw him alive on Aug. 23 1940.

Immediate cause of death: Carcinoma Lungs Tubercles — DURATION: 9 months
Due to
Due to
Other conditions: Valvular heart disease — 1 year
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles F. Brown MD M. D. or other
Address Salisbury Md Date signed 8/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157)

CERTIFICATE OF DEATH

08945

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since birth

Hospital, Institution, or street address where death occurred: Peninsula Gen. Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Worcester

City or town: Berlin

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Baby Parsons

3.(b) Social Security Number:

4. Sex: Female

5. Color or race: W.

6.(a) Single, married, widowed, or divorced:

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug 15, 1940

8. AGE: Years | Months | Days | If less than one day: 9 hrs. min.

9. Birthplace: Wor. Co. Md. (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER — 12. Name: Roland L. Parsons

13. Birthplace: Md.

MOTHER — 14. Maiden name: Esther L. Marshall

15. Birthplace: Md.

16. Informant: Roland L. Parsons

Address: Berlin Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 16 1940 (month) (day) (year)

Cemetery or crematory: Twilight Valley Cemetery

Location: Berlin Md.

18. Funeral director: J. W. Bunting

Address: Berlin Md.

19. 8/16/40 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 15 1940, at 6P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 15 1940, to Aug 15 1940

and that I last saw h... alive on Aug 15 1940

Immediate cause of death	DURATION
Premature birth	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Warren M.D. (M. D. or other)

Address: Salisbury Date signed: Aug 16

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 6 1940
BUREAU V. S.

08946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Rural, near Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 months
Hospital, institution, or street address where death occurred: ✓
How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Near Salisbury
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Isaac Washington Parsons

3. (b) Social Security Number: ✓

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widower
6.(b) Name of husband or wife: Mary C. Parsons
6.(c) If alive, give age: ✓ years
7. Birth date of deceased (mo., day, yr.): May 9, 1856.

8. AGE: Years: 84 Months: 2 Days: 27 If less than one day: ..... hrs. ..... min.

9. Birthplace: Parsonsburg, Wicomico, Md.
(Town, county, and state)
10. Usual occupation: Blacksmith
11. Industry or business: ✓

FATHER
12. Name: Isaac H. Parsons
13. Birthplace: Wicomico Co., Md.

MOTHER
14. Maiden name: Catherine Truitt
15. Birthplace: Wicomico Co., Md.

16. Informant: Fred I. Parsons, Wilmington, Del.
Address: 102 Cleveland Ave., Colonial Heights,
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8/8/40. (month) (day) (year)
Cemetery or crematory: Methodist
Location: Parsonsburg, Md.
16. Funeral director: The Hill & Johnson Co.
Address: Salisbury, Md.
19. 8/8 1940 (Date rec'd by registrar) Harriet E. Johnson Registrar
Sacd

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 6, 1940, at 12:15 a.m. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940, to Aug 6 1940 and that I last saw him alive on Aug 6 1940

Immediate cause of death	DURATION
Cer. Myocarditis	[illegible]
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.
Autopsy results: ✓
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ✓ Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury Injured at work?

23. SIGNATURE: R. M. Nick M. D. or other
Address: Salisbury Date signed: 8/8/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 13 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (126)

08947

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: Wicomico

County

City or town Pittsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 74 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Pittsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lillian W. Parsons

3. (b) Social Security Number None

4. Sex: female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Daniel H. Parsons

6 (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) June 21, 1867

8. AGE: Years 73 | Months 1 | Days 12 | If less than one day ___ hrs. ___ min.

9. Birthplace Pittsville Md. (Town, county, and state)

10. Usual occupation House wife

11. Industry or business at Home

FATHER

12. Name William Thomas Dennis

13. Birthplace Pittsville Md.

MOTHER

14. Maiden name Nancy Bailey

15. Birthplace Pittsville Md.

16. Informant M. Daniel H. Parsons

Address Pittsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 5-1940 (month) (day) (year)

Cemetery or crematory Grace M.P. Cem.

Location Pittsville Md.

18. Funeral director Holloway & Walter R. Holloway

Address Salisbury Md.

19. Aug. 5 1940 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 3rd 1940 (6:30 a M) at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940, to Aug 3 1940, and that I last saw her alive on Aug 3 1940.

Immediate cause of death: Coronary Thrombosis

Due to Cholecystectomy; for gall-stones and cholecystitis. Duration; ten years. C.W.G.R.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 10 hours

July 25th 1940

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles N. Brown M.D. M. D. or other

Address Salisbury Md Date signed 8/5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131a)

08948

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Rural, Salisbury R.D. 1 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 years

Hospital, institution, or street address where death occurred: ✓

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Rural (If outside city or town limits, write RURAL and give nearest town)

Street No.: Salisbury, R.D. 1 (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Emma Dunn Porter

3. (b) Social Security Number: ✓

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Richard T. Porter

6.(c) If alive, give age: 38 years

7. Birth date of deceased (mo., day, yr.): Sept. 14, 1904

8. AGE: Years: 37 Months: 11 Days: 17 If less than one day: ..... hrs. ..... min.

9. Birthplace: Baltimore City, Md. (Town, county, and state)

10. Usual occupation: At home

11. Industry or business:

FATHER
12. Name: Alonzo La Page Dunn
13. Birthplace: Mardela Springs, Md.

MOTHER
14. Maiden name: Margaret Seidler
15. Birthplace: Baltimore City, Md.

16. Informant: Richard T. Porter,

Address: Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9/1/40 (month) (day) (year)

Cemetery or crematory: Allen Methodist

Location: Allen, Md.

18. Funeral director: The Hill & Johnson Co.

Address: Salisbury, Md.

19. 9/1 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 29, 1940, at 1730 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19th 1940, to Aug. 29 1940 and that I last saw her alive on Aug. 28th 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	6/14/40
Ch. Int. Nephritis	
Due to Hyperlumin	
Due to Toxemia of Pregnancy	5 yrs. ago
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Thos. B. Whalen M. D. or other

Address: Princess Ave Date signed: 8/30/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08949

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: County Wicomico — City or town Salisbury Co. Church & Naylor (If outside city or town limits, write RURAL NEAR and give town) — Street address, hospital, or institution: Peninsula Baptist Home — Stay in hospital or inst. (yrs., or mos., or days) 10 years — Stay in this community (yrs., or mos., or days) 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) — State Md. — County Wicomico — City or town S Salisbury — Ward No. — (If outside city or town limits, write RURAL NEAR and give town) — Street No. Cor. Church & Naylor (If rural give LOCATION) — 2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charlotte Pray

3. (b) Social Security Number

4. Sex: Female — 5. Color or race: White — 6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles A. Pray — 6(c) If alive, give age: Dead. years

7. Birth date of deceased (mo., day, yr.): Aug. 14 1854

8. AGE: Years 86 | Months 0 | Days 7 | If less than one day ____ hrs. ____ min.

9. Birthplace: England (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Home wife

FATHER — 12. Name: Thomas W. Pound — 13. Birthplace: England

MOTHER — 14. Maiden name: Ann Bolton — 15. Birthplace: England

16. Informant: Mrs Myrtle R. Stacy — Address: 24a Charles st. Rochester N.H.

17. Burial (Burial, cremation, or removal. Which?) — Date thereof Aug. 25-1940 (month) (day) (year)

Cemetery or crematory: Pine Hill Cemetery — Location: Dover New Hampshire

18. Funeral director: Holloway & Co. Walter R. Holloway — Address: Salisbury Md

19. 8/23 1940 (Date rec'd by registrar) — Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 21. 1940 — (7.05 P M)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938, to Aug 21 1940, and that I last saw her alive on Aug 20 1940.

Immediate cause of death	DURATION
Valvular Heart Disease	Unknown
Chronic Nephritis	Unknown
Due to	
Due to	
Other conditions: Oedema Pericardial	4 mos.
Decubitus	10 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Autopsy

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Hiram R Mann — M. D. or other

Address: Salisbury Md — Date signed 8/23/40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 170-C

Reg. Dist. No. 333

08950

CERTIFICATE OF DEATH

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Peninsula General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Worcester
(c) City or town Pocomoke City R.F.D.-3 (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Smith, Edward

3 (b) If veteran, name war

3 (c) Social Security No. 220-01-3277

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1917

8. AGE: Years	Months	Days	If less than one day
22	11	28	hr. min.

9. Birthplace Norfolk Virginia (Town, county, and state)
10. Usual occupation Farm laborer
11. Industry or business

FATHER 12. Name Henry Smith
FATHER 13. Birthplace Fayetteville, N. C.
MOTHER 14. Maiden Name Viola McBride
MOTHER 15. Birthplace Marion S. C.

16 (a) Informant Mrs. Viola Carter
(b) Address Pocomoke City R.F.D. 3

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-40 (month) (day) (year)
(c) Cemetery or crematory Halls Hill
Location Pocomoke City Md

18 (a) Funeral director John A. Bradshaw
(b) Address Pocomoke City Md

19 (a) 8/19/40 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 19 1940, at 4:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from August 15 1940, to Aug 19 1940, and that I last saw him alive on Aug 19 1940.

Immediate cause of death	Duration
Injury to Brain	14 hrs.
Due to Fractured skull	
Due to	
Other conditions Laceration about head & neck	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug 18, 1940
(c) Where did injury occur? Pocomoke (City or town) Worcester (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Highway (Specify type of place) While at work? No
(e) Means of injury Car ran off road & turned over

23. Signature Deputy Medical Examiner (M. D. or other)
Address Salisbury Md Date signed 8/20/40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08951

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula Gen. Hosp.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Delaware County Sussex
City or town Delmar, Del Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Grove St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME J. Alvin Stule Jr

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced single
6. (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 18, 1940
8. AGE: Years Months Stillborn Days If less than one day hrs. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name J. Alvin Stule
13. Birthplace Pennsylvania
MOTHER 14. Maiden name Marie Hastings
15. Birthplace Delaware
16. Informant J. Alvin Stule
Address Delmar, Del
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 19, 1940 (month) (day) (year)
Cemetery or cremetory M. P. Cem.
Location Delmar, Del
18. Funeral director Charles W. Marvel
Address Salisbury, Md.
19. 8/19, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18 1940, at M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 18 40 19 to 19
and that I last saw h alive on Stillborn 19
Immediate cause of death (Send several weeks)
Due to Mother stated she had a severe abdominal pain 1 month ago. Was given 2 doses of morphine and did not feel movement after that time
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Herbert R Marvel M. D. or other
Address Salisbury Md Date signed 8/19/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (171)

CERTIFICATE OF DEATH

08952

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: C.S. Hoyt.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 84 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 904 Third
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME William Samuel Taylor

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

B (b) Name of husband or wife Virginia Ellen Hitch Taylor
6(c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) Aug. 6 - 1855

8. AGE: Years 84 | Months 11 | Days 26 | If less than one day ____ hrs. ____ min.

9. Birthplace Salisbury Md.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Laborer

FATHER 12. Name Levin Taylor
13. Birthplace Wicomico Co Md

MOTHER 14. Maiden name Elizabeth Hudson
15. Birthplace Wicomico Co. Md.

16. Informant Mrs Mary A. Hastings
Address 118 Goodland St. Salisbury Md

17. Burial Date thereof Aug. 4 40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Parsons Cem.
Location Salisbury Md.

18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md.

19. 8/4/40 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 2 1940, at 6:34 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 27 1940, to Aug. 2 1940, and that I last saw him alive on Aug. 2 1940

Immediate cause of death Valvular Heart Disease
Pneumonia Primary or Antecedent

DURATION Days 7/27/40

Due to Hypostatic Congestion

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Nature of injury Injured at work?

23. SIGNATURE Hiram R. Mann M. D. or other
Address Salisbury Md Date signed 8/3/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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STATE OF MARYLAND—CERTIFICATE OF DEATH

08953

(183)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Salisbury Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Unknown. If U. S. Veteran, specify WAR Don't know

(a) Residence: No. Unknown St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Don't know

6. DATE OF BIRTH (month, day, and year): — — —

7. AGE: Don't know — Years — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Don't know

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) Don't know

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Unknown

17. INFORMANT (Address) None

18. BURIAL, CREMATION, OR REMOVAL Place Public Cem Salisbury Md Date Aug 16, 1940

19. UNDERTAKER (Address) James F. Stewart Salisbury Md

20. FILED 8/16, 1940 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 14 approx (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Medical Examiner's Certificate, 19 to 19

I last saw alive on 19; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Drowning about	8-14-40

Other Contributory Causes of importance:

Name of operation Date of

What last confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Probably accidental Date of injury 8-14, 1940

Where did injury occur? Salisbury Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Pond - at railroad bridge crossing

Manner of injury Fell off bridge into water

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify L A Rodenhaver M B

(Signed) Deputy Medical Examiner M. D.

(Address) Salisbury, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08954

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (168)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Near Lake Street

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury (If outside city or town limits, write RURAL and give nearest town)

Street No. 1706 N. Division St. (If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Carl H. West

3. (b) Social Security Number 220-10-8068

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 27, 1879

8. AGE:

Years	Months	Days	If less than one day
61	0	21	hrs. min.

9. Birthplace Pittsville, Wicomico, Maryland (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business Carpenter

FATHER
12. Name James H. West
13. Birthplace Near Pittsville, Maryland

MOTHER
14. Maiden name Mary E. Dennis
15. Birthplace Pittsville, Maryland.

16. Informant Mrs. Pearl W. Collins

Address 1706 N. Division St. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 20, 1940 (month) (day) (year)

Cemetery or crematory Line Church, Yard

Location Delaware

18. Funeral director The Hill and Johnson Co.

Address Salisbury, Maryland.

19. 8/19, 1940 Harriet E. Johnson Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19 1940, at unknown M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Medical Examiner Certificate 19 to 19

and that I last saw h alive on 19

Immediate cause of death: Fractured first & 2nd cervical vertebra

Due to Laceration of spinal cord

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION: Instant death

Major findings of operations

Date of op.

Autopsy results as above —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Homicide Date of 8-19-40

Where did injury occur? Salisbury (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?) Vacant lot

Means of injury Struck behind neck Injured at work? no

23. SIGNATURE Lakademaker M.D. Deputy Medical Examiner M. D. or other

Address Salisbury, Md Date signed 8/20/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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